



Express Mail Label No. EF371229571US
Date of Deposit: March 28, 2001

Receipt

Attorney Docket No. 07473-033

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Sherman
Serial No.: 09/781,132
Filing Date: February 9, 2001
For: SYSTEM AND METHOD FOR SIMULTANEOUS
MULTIPLE DEATH LIFE INSURANCE

Examiner: Unassigned
Art Unit: 2166

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Sir: TRANSMITTAL LETTER

Enclosed herewith for filing in the above-identified patent application please find the following listed items:

1. Request for Corrected Filing Receipt; and
2. Return Postcard.

In connection with the foregoing matter, please charge any additional fees which may be due, or credit any overpayment, to Deposit Account Number 50-0311, and reference Attorney Docket No. 07473-033. A duplicate copy of this letter is provided for this purpose.

Respectfully submitted,


Carol H. Peters
Registration No. 45,010
Mintz, Levin, Cohn, Ferris,
Glovsky and Popeo, P.C.
One Financial Center,
Boston, Massachusetts 02111
Telephone 617/348-4914
Fax 617/542-2241

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REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicant respectfully requests correction of data appearing on the Filing Receipt received in connection with submission of the present patent application.

The residence of the applicant should be changed from "Residence Not Provided" to -- Westport, CT--.

Attached is a copy of the cover page of the application.

Also attached is a copy of the filing receipt indicating the correction.

Applicant respectfully requests that a corrected Filing Receipt indicating such corrections be issued.

Office is invited to telephone the undersigned attorney at 617-542-6000, should the Office have any questions.

Respectfully submitted,

Carol H. Peters
Registration No. 45,010
Mintz, Levin, Cohn, Ferris,
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One Financial Center,
Boston, Massachusetts 02111
Telephone 617/348-4914
Fax 617/542-2241

Date: March 28 2001



UNITED STATES PATENT AND TRADEMARK OFFICE

 C.P.
 COMMISSIONER FOR PATENTS
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/781,132	02/09/2001	2166	710	07473-033	2	1	1

CONFIRMATION NO. 1690

FILING RECEIPT

 OC000000005872076

 Mintz, Levin, Cohn, Ferris
 Glovsky and Popeo, P.C.
 One Financial Center
 Boston, MA 02111

Date Mailed: 03/16/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

WESTPORT, CT

Lawrence M. Sherman, ~~Residence Not Provided~~

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Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/181,649 02/10/2000

Foreign Applications

If Required, Foreign Filing License Granted 03/16/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

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<input type="checkbox"/> Data Entry	_____
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Title

System and method for simultaneous multiple death life insurance

MAR 26 2001

Preliminary Class

705

 MINTZ LEVIN, BOSTON
 PATENT DOCKET DEPT.



Application for United States Letters Patent

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For

**SYSTEM AND METHOD FOR
SIMULTANEOUS MULTIPLE DEATH LIFE INSURANCE**

Inventor:

Lawrence M. Sherman
Sherman's Way
Westport, CT 06880

Citizen of U.S.A.

Express Mail Label No. EF371227385US
Date of Deposit: February 9, 2001



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Bib Data Sheet

CONFIRMATION NO. 1690

SERIAL NUMBER 09/781,132	FILING DATE 02/09/2001 RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO. 07473-033
APPLICANTS Lawrence M. Sherman, Westport, CT; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/181,649 02/10/2000 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/16/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CT	SHEETS DRAWING 2	TOTAL CLAIMS 1
INDEPENDENT CLAIMS 1				
ADDRESS Carol H Peters Mintz Levin Cohn Ferris Glovsky and Popeo PC One Financial Center Boston, MA 02111				
TITLE System and method for simultaneous multiple death life insurance				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	